



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees			
County: 21 Hill			District: 0424 Davey Elem		District Level: Elementary	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
12	1479	No	OHM, SHELLY		0.75	_____
12	1583	No	GULBERTSON, AMANDA		5.10	_____



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County: 21 Hill			District: 0427 Havre Elem		District Level: Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
16	1586	No	BESSETTE, JOLYN	1.55	_____
16	1588	No	HOLSAPPLE, KRIS	0.80	_____
16	1589	No	HUSTON, CATHERINE	0.50	_____
16	1590	No	NYSTROM, HEIDI	0.50	_____
16	1591	No	REIGHARD, JENNIFER	0.25	_____
16	1592	No	SCHAUB, BRIAN	0.80	_____
16	1593	No	SHAW, LEONARD	3.70	_____
16	1595	No	WAID, STACEY	2.50	_____
16	1596	No	WHITMUS, DONNA	0.88	_____
16	1597	No	WILSON, MARLENE	2.25	_____
16	1598	No	WYMORE, TRISHA	3.00	_____



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County:		District:		District Level:	
21 Hill		0428 Havre H S		High School	
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
A	1587	No	BRADBURY, CATHIE A	1.75	_____
A	1594	No	VAUGHN, KARLA	0.25	_____
A	1599	No	YOUNG, SANDY	1.00	_____



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Date			Signature, Chair, Board of Trustees		
County: 21 Hill			District: 0445 Cottonwood Elem		District Level: Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
57	2024	No	DYRLAND, NORMAN & TWILA	3.15	_____
57	2025	No	PETERSON, BEVERLY	2.50	_____
57	2026	No	BORST, STEPHANIE & BLAKE	4.00	_____



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Date			Signature, Chair, Board of Trustees			
County: 21 Hill			District: 1207 Rocky Boy Elem		District Level: Elementary	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
87J	2345	No	DayChild, Senica		0.65	



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Date			Signature, Chair, Board of Trustees			
County: 21 Hill			District: 1233 North Star Elem		District Level: Elementary	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
99	1585	Yes	DONOVEN, DALLAS & JANET		0.38	



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Date			Signature, Chair, Board of Trustees			
County: 21 Hill			District: 1234 North Star HS		District Level: High School	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
M	1584	No	DONOVEN, TODD & MARGARET		1.00	_____
M	1585	Yes	DONOVEN, DALLAS & JANET		0.37	_____